## 3031070090

**FEC** FORM 1

Use

Only

## STATEMENT OF **ORGANIZATION**

RECEIVED

(Revised 06/2012)

			2019 BAYUL 30nAM 10: 20
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4MEEC MAIL CENTER
McHenry Leaders	ship Fund	11111111	1   1   1   1   1   1   1   1   1   1
<u> </u>		<u> </u>	<u> </u>
ADDRESS (number and street)	228 S. Washington St., Ste.	115 . 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Check if address is changed)		1 1 1 1 1 1 1 1 1 1	<u> </u>
o diango,	Alexandria CITY		VA 22314 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address is changed)	llisker@hdafec.com		<u> </u>
	Optional Second E-Mail A		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
COMMITTEE'S WEB PAGE AD	DRESS (URL)		
(Check if address is changed)			<u> </u>
		1111111	
2. DATE 05 1 1	0 2013		
3. FEC IDENTIFICATION N		and the second s	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	his Statement and to the bes	st of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	er Lisa Lisker		
Type of Time Name of Heasure	9	0-	BESCHOOLSEN BESCHOOL INVESTIGATION INVESTIGATION
Signature of Treasurer Lisa	Lisker See RO	KL	Date 05 10 2013
NOTE: Submission of false, error		n may subject the person signing	this Statement to the penalties of 2 U.S.C. §437
Office		For further information Federal Election Commis	contact: FFC FORM 1

Toll Free 800-424-9530

Local 202-694-1100

T	CO FO	rage Z
		OMMITTEE .
Can	didate	e Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand		
Cand Party	idate Affiliati	Office State Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	y Con	nmittee:
(d)	r. = {   ' = z	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)	7-J	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, thie committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	draising Representative:
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	nmittees Participating in Jaint Fundraiser
	1.	MCHENRY FOR CONGRESS FEC ID number C C00393629
	2.	MORE CONSERVATIVES PAC (MCPAC) FEC ID number C C00540187
	3.	NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE
	4.	

Write or Type Committee Name	•
McHenry Leade	ership Fund
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	<u> </u>
1	
Mailing Address	
`	
	1
	CITY STATE ZIP CODE
Relationship:	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in possession of committee
Full Name Lisa Liske  Mailing Address	228 S. Washington St. Ste. 115
	Alexandria VA 22314
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 703 549 7705
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name Lisa Liske of Treasurer	, 
Mailing Address	228 S. Washington St. Ste. 115
	Alexandria VA 22314
Title or Position Treasurer	CITY STATE ZIP CODE  Telephone number 703 549 7705

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Designated 1	Keith Davis	
Agent L	<u> </u>	
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria	22314
Title or Decition	CITY STATE	ZIP CODE
Title or Position Assistant Treasur	rer 70	03 - 549 - 7705
Banks or Other I safety deposit box Name of Bank, De	Depositories: List all banks or other depositories in which the committee deposits fixes or maintains funds.	unds, holds accounts, rents
Name of Bank, Di	epository, etc.	
	BB&T	
L L		<del></del>
Mailing Address	1909 K St., NW	
Mailing Address	1909 K St., NW	
Mailing Address	1909 K St., NW  Washington  DC	20006
Mailing Address		20006 ZIP CODE
Mailing Address  Name of Bank, Do	Washington DC STATE	
	Washington DC STATE	
	Washington DC STATE	
Name of Bank, Do	Washington DC STATE	
Name of Bank, Do	Washington DC STATE	

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): feel Eff Next Business Day Delivery | 2 **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

(3/2005)